

AMENDED

- Amended -

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 19 AM 8:00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064602

1. Entity Name  
LEE REAL ESTATE DEVELOPMENT, INC.

Principal Place of Business  
20 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601

Mailing Address  
20 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601

2. Principal Place of Business  
20491 Powell Road

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Brooksville, FL

City & State

4. FEI Number  
59-3656895

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FLORIDA & OFFSHORE BUSINESS FORMATION, INC  
20 SOUTH BROAD STREET  
BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent  
Name: Thomas S. Hogan, Jr.  
Street Address (P.O. Box Number is Not Acceptable): 20 S. Broad Street  
City: Brooksville FL 34601

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] DATE: \_\_\_\_\_  
Signature (Typed or Printed Name of Registered Agent and Use if Applicable) (NOTE: Registered Agent's Signature Required when Registering)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOGAN, THOMAS S JR. 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T McAteer, Derrill 20491 Powell Road Brooksville, FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Derrill McAteer Derrill McAteer 6-14-03  
Signature and Typed or Printed Name of Signing Officer or Director

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